

EXHIBIT D



CLAIM FORM
(SUBCONTRACTOR)

Principal: Nason Construction, Inc.

Claim No.: 092SCT0306972NR

Claimant: JJID, Inc.

INSTRUCTIONS: Please complete the following form, sign and have it notarized, and return it with all enclosures to the address indicated on the accompanying cover letter.

SECTION 1. CLAIMANT INFORMATION

1.1 Claimant Identification

Contact Person: Richard Wolters

Company: JJID, Inc

Address: 100 Julian Lane

Bear, DE 19701

Telephone: (302) 836-0414 Fax: (302) 836-4275

1.2 Tier Information

Who did you contract with directly? (Check one)

- ☒ The principal listed above.
☐ A subcontractor to the principal. Name: _____
☐ Other. Explain: _____

SECTION 2. CLAIM INFORMATION

2.1 Project Information:

Please describe the project to which your claim relates: Sitework preparation, grading
Utility(storm-sanitary-water within 5ft of building)Paving,Curb,Sidewalk Placement

2.2 Contract Information:

- a. Did you have a written contract with the person or company listed in 1.2, above?
☒ Yes ☐ No
- b. If yes, please attach a copy of the contract. If the contract was oral, please describe briefly what the terms were and when it was made:

(attach additional sheet if necessary)

- c. Have you provided labor and/or materials to the principal on any other project?
☐ Yes ☒ No
- d. Did you take any collateral or personal guarantees with respect to this account?

☐ Yes ☒ No

e. Date you began work on the project: 6 / 01 / 02

f. Date you last worked on the project (not including warranty work): 6 / 30 / 04

2.3 Contract Accounting

| | |
|----------------------------------------------------------------------|-----------------|
| a. Amount of Original Contract..... | \$ 833,570.00 |
| b. Approved Changes to Date..... | \$ 233,842.49 |
| c. Adjusted Subcontract/Purchase Order Amount..... | \$ 1,067,410.00 |
| d. Value of Work Performed and/or Approved | \$ |
| Material Stored on Job Site Through <u>4</u> / <u>08</u> / <u>04</u> | |
| (date of last owner paid progress estimate) | \$ 1,188,758.88 |
| e. Retainage on amount in line d, above..... | \$ 0 |
| f. Net Value of Work Performed (line d minus line e)..... | \$ 1,188,758.88 |
| g. Total Payments Received..... | \$ 1,007,569.99 |
| h. Net Current Amount Due (line f minus line g)..... | \$ 181,188.89 |
| i. Value of Contract Yet to be Performed | |
| (line c minus line) | \$ 0 |

2.4 Vendor Debts

Do you owe any sums to your subcontractors and/or suppliers on this project?

☐ Yes ☐ No

If yes, please indicate vendor names and amounts owed below:

| Subcontractor / Supplier Name | Amount owed |
|------------------------------------|----------------------|
| Maryland Materials, Inc. | \$ |
| Pennsy Supply, Inc. | \$ |
| Tri Supply Equipment Company, Inc. | \$ |
| Gerald D. Bowman Contractors, Inc. | \$ |
| Tilcon Delaware, Inc. | \$ |
| Traffic Lines, Inc. | \$ |
| TOTAL | \$ 105,398.35 |

(attach additional sheet if necessary)

2.5 Contract Administration

a. Did you provide any lien waivers and/or lien releases (of any type) on this job?

☐ Yes ☒ No

b. Have you been named on any joint checks (whether or not you actually received any funds out of the proceeds of the joint check)?

☐ Yes ☒ No

2.6 Disputes

a. Has the principal disputed any portion of the amount claimed?

☒ Yes ☐ No

b. If yes, please describe:

Select backfill building

Undercut and Removal of Unsuitable Materials

(attach additional sheet if necessary)

SECTION 3. DOCUMENTS

Please attach the following documents. If you have already provided any of the requested documents, please so indicate. It is not necessary to send a second set.

- a. A copy of your contract, purchase order, or other form of agreement between your company and the principal or the principals' subcontractor, as appropriate.

☒ Attached ☐ Already Provided ☐ Not attached

Reason if not attached: _____

- b. Copies of all invoices and/or pay estimates.

☒ Attached ☐ Already Provided ☐ Not attached

Reason if not attached: Latest Invoice Attached

- c. Copies of all change orders.

☐ Attached ☐ Already Provided ☐ Not attached

Reason if not attached: Problem Of Non Payment Related To Change Orders

- d. Copies of all checks received from the principal (whether on this project or any other project), including joint checks, since you started work on this project.

☐ Attached ☐ Already Provided ☒ Not attached

Reason if not attached: Check Copies Not Made

- e. A copy of any overall ledger or similar record listing the dates and amounts of all payments received from the principal or on behalf of the principal (on this job or any other job). This need go back only to the last zero balance.

☒ Attached ☐ Already Provided ☐ Not attached

Reason if not attached: _____

- f. Copies of any correspondence between yourself, the principal, the owner, and the principal's subcontractor(s), relating to your claim.

☐ Attached ☐ Already Provided ☒ Not attached

Reason if not attached: _____

- g. Copies of any and all notices sent to any party by you or on your behalf regarding this claim, including copies of any return receipts for such notices.

☐ Attached ☐ Already Provided ☒ Not attached

Reason if not attached: _____

- h. Copies of any and all lien waivers or lien releases you provided.

☐ Attached ☐ Already Provided ☒ Not attached

Reason if not attached: _____

- i. Copies of any documents relating to collateral and/or personal guarantees taken by you with regard to this account.

1. ☐ Attached ☐ Already Provided ☒ Not attached

Reason if not attached: _____

- j. A copy of your contractor registration or license, if such registration or license is required by state law.

☐ Attached ☐ Not Required ☒ Not attached

Reason if not attached (if required): _____

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

The Undersigned hereby swears that the information provided is true and accurate to the best of his or her knowledge.

Certification of Claim

I, _____ (person completing form), being first duly sworn, say under penalty of perjury that I am responsible for the compilation of the information provided herein, and the foregoing is a true, accurate and complete statement of my claim or my company's claim, and I hereby affirm that the amount claimed is justly due me or my company.

Dated this _____ day of _____, 20____

By: _____

(print name)

Notary Public in and for the

State of _____

Residing at _____

My commission expires ____/____/____.